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**COVID-19 PANDEMIC: A SAGA OF INCONVENIENCES AND CHALLENGES  
AMONG PREGNANT WOMEN IN RURAL AREAS OF GOA.**

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**ABSTRACT**

**Background:** The onset of the covid-19 pandemic in India in March 2020 followed by three phases of severe infections and a series of full and partial lockdowns country-wise as well as in the states left its scar on almost every facet of human life including health services. Availing of Maternal Health Care Services (MHCS) is of paramount significance and cannot be withheld or postponed even during the pandemic. Pregnant women are considered a vulnerable group and have an increased risk of viral infections, therefore, there is a need to provide the utmost care and support to pregnant women without exposing them to risk. However, the ongoing pandemic period posed a lot of inconveniences and challenges to pregnant women while availing MHCS in India in general and the state of Goa in specific.

**Objective:** The study attempts to evaluate the various inconveniences caused and the challenges faced by pregnant women from rural areas of the state of Goa while availing of MHCS.

**Methodology:** A descriptive study design was adopted to gather and analyse data. A purposive sampling method was used to select respondents registered at the Anganwadi centres across eight Talukas of the state of Goa. The various inconveniences and challenges faced by pregnant women were analysed into three heads Physical Access to the health facility, Hardships in availing health facilities and psychological problems faced.

**Conclusion:** A series of inconveniences and challenges faced on account of the Covid-19 pandemic were narrated by the respondents' indicating lapses in the health system to provide adequate care and facilities during the pandemic.

**Key Words:** Covid-19 Pandemic, Pregnant women, Maternal Health Care Services (MHCS).

**Introduction:** World Health Organization (WHO) declared Coronavirus disease 2019 (Covid-19) a pandemic on March 11, 2020. India imposed a first nationwide lockdown on March 25, 2020, and a series of partial and complete lockdowns thereafter several states in the country also followed suit depending upon the severity of the infections. India and its states witnessed three waves of Covid-19 infections. During the first wave itself, there was a severe impact on almost all aspects of human life in the country. The impact was felt on almost all basic amenities and services during all three waves of covid 19 infections. Maternal Health Care Services was no exception to it. Pregnant women who are clinically vulnerable and prone to the risk faced enormous difficulties and challenges while availing of Maternal Health Care Services (MHCS). Pregnancy followed by childbirth needs to be a joyful and enriching experience however during the Pandemic these women constantly experienced stress and anxiety. MHCS are very crucial and need to be availed physically. The antenatal check-up cannot be withheld or postponed during the pandemic period. Against this background, this article attempts to evaluate the several inconveniences and challenges faced by pregnant women in the rural areas of Goa.





Several studies worldwide have indicated the numerous impact and challenges faced by pregnant women during the COVID-19 pandemic. Women expressed the stress of additional challenges in procuring the hematonic which was supplied free of cost in the health care facility in pre-COVID times and added burden of expenditure incurred for medications and travel using private transport. One-third of the women could not get lactation support in their postnatal period, adding to their anxiety and stress (Naik P T et al., 2021). Aggarwal, R., (2021), opined that ANC services were overlooked and compromised due to certain supply and demand side factors. The failure to provide quality MCH services during the lockdown has implications for the continuum of women's care, maternal mortality, and human rights (Srivastava S et al., 2021). Hallad J.S., (2020) revealed that relatively fewer mothers received supplementary nutrition from ICDS Centres during the first wave of the pandemic for free as a sizeable proportion reported spending a substantial amount of money on the services. Viaux S et al., (2020), in an editorial commented that most maternity wards in Europe and the USA decided to allow the presence only of the pregnant woman's partner in the delivery room and to prohibit visits during the postpartum hospital stay. The psychological impact of the COVID-19 pandemic was significantly felt by many women. C. Ravaldi et al., (2021), explored the psychological impact of the COVID-19 pandemic on Italian pregnant women, and found that after the onset of the pandemic in Italy, women's expectations and concerns regarding childbirth changed significantly. women were significantly concerned about COVID-19 and more about the health of their partner and their relatives than their own, especially those women who had suffered from psychological disorders. Mothers were placed in a situation of greater psychological vulnerability and increased risk of postpartum depression and disrupted mother-infant bonding (Viaux S et al., 2020).

**Objective:** The study attempts to evaluate the several inconveniences caused and the challenges faced by selected pregnant women from rural areas of the state of Goa while availing of Maternal Health Care Services (MHCS).

#### **Methodology**

**Study Area:** The study covered eight talukas of Goa, Canacona, Sattari, Bicholim, Salcett, Pernem, Bardez and Murmagao. A remote village from each taluka was selected for the study. The information on pregnant women was obtained from one of the Anganwadi centres of the village as most of these women are registered in the centres as beneficiaries of the government scheme. Focus Group Discussions (FGDs) were conducted with the respondents at the time of their visit to the Anganwadi centres.

**Research design:** A descriptive qualitative study design was adopted for gathering and analysing data. A purposive sampling method was used to select the respondents based on their willingness to participate in the discussion. Pregnant women in the second and third trimesters were selected for the study. The study period was from January 24 to February 12, 2022, when the third wave of the Covid-19 pandemic was at its peak in the state of Goa. Data regarding the several inconveniences and challenges faced by the pregnant women were collected under three heads Physical Access to the health facility, Hardships in availing health facilities and psychological problems faced. A total of eight FGDs comprising 5 to 6 respondents each were conducted from each taluka. FGDs were conducted in the vernacular language as per the preference of the respondents and were translated into English for descriptive analysis.

#### **Distribution of respondents by Taluka**

Taluka	Village	No of respondents
Sattari	Narva	05
Panholim	Kothambi	05
Bardes	Sal	05
Pernem	Kolgao	06
Liswadi	Azolim	06
Murmagao	Conua	06
Salsete	Chandor	05
Canacona	Pallolem	05
	<b>TOTAL</b>	<b>43</b>

Source: Primary data

### Socio-Demographic Characteristics of the population

1. Age (Years)	No.of Respondents	Percentage
18-25	03	6.9%
25-32	22	51%
32-39	12	27%
39-45	06	13.9%
<b>2. Education</b>		
Up to IX	03	6.9%
SSC	08	18.6
HSSC	12	27%
Graduate	17	39.5%
Postgraduate	03	6.9%
<b>3. Social category</b>		
Gen	13	30.2%
OBC	15	34.8%
SC	03	6.9%
ST	12	27%
<b>4. Religion</b>		
Hindu	22	51%
Muslim	05	11.6%
Catholic	16	37.2%

Source: Primary data.

**Flow chart of challenges faced by pregnant women while availing MHCS during 19 pandemic from rural areas of the state of Goa.**



### Physical Access to Health Facility

- Financial constraints
- Lack of Transportation Facility
- Restrictions on Mobility
- Strict Laws

### Hardships at the Health Facility

- Lack of Information
- Long Waiting Period
- Closure of Health Facility
- OOPE on visiting Private Facility

### Psychological Problems

- Fear of getting Covid
- lack of social support
- stress and anxiety
- stress about wellbeing of the baby.

#### 1. Physical Access to Health Facility

##### • Financial Constraints-

The covid-19 pandemic pushed the respondents into financial constraints affecting their Maternal Health. Most of the respondents faced economic constraints on account of the loss of a job or reduced income. The remaining said they managed from their savings. Inadequate regular income affected their nutritional intake of fruits, vegetables, fish, and milk. A major (73%) of respondents expressed that Out-of-Pocket Expenditure (OOPE) increased as several private health facilities did not have medical investigation facilities such as blood tests and ultrasound. On average a woman had to spend Rs. 800 to 1400 on ultrasound and Rs. 2000 to Rs. 3000 on blood tests which included Thyroid tests and Genetic tests. Government hospitals had the facilities but did not provide them either due to the deputation of medical staff on emergency covid duties or the non-functioning of the machinery.

##### • Lack of Public Transport –

Several restrictions were imposed on the mobility of public transport. Many private buses were not plying, and public transport was plying only with 50% of the seating capacity. A majority said they preferred travelling by two-wheelers despite knowing the risk of pillion riding. Travelling by two-wheeler increased Out-of-Pocket Expenditure (OOPE) due to the hike in petrol prices in the state. Few had no option but to travel by public transport as their partners were working on a contract or daily basis. Absence from work would mean loss of income. Long waiting hours for public transport resulted in tiredness and fatigue among a few women. A woman from Tiswadi taluka said she had to hire a four-wheeler for Rs. 1000 per visit (more than eight visits) as she was diagnosed as carrying twins and was advised not to pillion ride. Two migrant women from Sattara taluka said they walked at least four kilometres to the nearby government health facility.

• **Restrictions on Mobility:**

A majority of the women said they were advised not to visit health facilities due to restrictions on mobility. Few said they feared visiting health facilities on account of increased fears and concerns of being exposed to infection. All the government health facilities and a few private health facilities were catering to the covid patients in the state. 13 respondents narrated that after they visited the health facility, their family members and neighbours avoided them for a week due to fear of infections. Women from Canacona and Murmagao taluka complained about suffocation and short breathing due to the strict law of wearing a mask all the time at the health facility and while travelling. All the respondents expressed that they avoided visiting Anganwadi centres to collect their monthly nutritional staples. Few were even hesitant to register at the Anganwadi centre. Often Anganwadi in charge delivered the nutritional supplements to the houses of the beneficiaries.

2. **Hardships at the health facility-**

• **Lack of information-**

Many women across the talukas asserted that the visit and check-ups were very brief. Not much information was shared during the visit. The majority of women said only they were allowed inside for check-ups and their companions including their partners had to wait outside due to social distancing. 12 women revealed that they were diagnosed with high blood sugar and blood pressure. Their partners were advised to contact the doctor over the phone, wherein they had a very brief conversation. Few women said they became nervous during the antenatal check-up and never discussed anything with the doctor. They just listened to the doctor.

• **Long waiting period-**

Women complained about long waiting periods at the consultation clinics, and at the private health facility. Clinics being small they even had to stand outside the clinic waiting for their turns. Many women complained of being tired and experienced fatigue. 03 women narrated how they fainted at the clinic during regular Antenatal check-ups.

• **Hesitant to visit Government Health Facility-**

50% of the respondents expressed that they were afraid of availing of Government facilities. All the government and a few private facilities in the state were catering to the covid patients on a large scale. Many resorted to availing of a private facility with the fear of testing positive for covid at the government health facility. Out of Pocket Expenditure (OOPE) increased tremendously at the private health facility as huge expenditure was incurred on travelling, purchase of medicine and undergoing medical investigations like blood tests and ultrasound.

- Few women with complications were advised teleconsultations, which they found complicated. 12 women said that they did not possess smartphones so had to depend on their partners for making a call. 6 women said they did not know how to communicate during teleconsultations. Women from Azossim and Consua villages said that they often had poor network connectivity as a result there was an issue of clarity of voice and picture.
- Cases with complications were referred to the government hospital by the private health facility, resulting in difficulty in adjusting to the new facility and the staff. 04 women said they feared premature delivery due to complications.





- One woman each from Tiswadi, Nicholim and Canacona taluka narrated that they had prolonged labour pain and due to the pandemic, no companion was allowed in the labour room. They mentioned tremendous stress and anxiety throughout the delivery process.
- Few women said they avoided the use of washrooms in the health facility for the fear of an infection-causing inconvenience.

### 3. Psychological problems-

#### • Fear of getting infected-

All the respondents said that they were always rallying under the fear of getting infected. Many said that they never stepped out of the house except for an Antenatal check-up. Most often remained aloof and isolated. Few said they were obsessed with washing of hands and using sanitisers.

One woman from Tiswadi tested covid positive in the first trimester and another from Bardez Taluka in the second trimester. They had to skip two regular visits for Antenatal check-ups. One said she had to struggle for admission at the covid care centres and was denied admission at three different government facilities due to a lack of beds. Her family members had to exert political influence to get admission at the covid centre. She mentioned that she and her husband were under tremendous stress and worried about the well-being of the baby. Another woman who tested positive said that she suffered from a high fever and was treated at a private health facility. The doctor informed her that she is slowly responding to the treatment due to stress and anxiety. Her family had to spend Rs. 42,000 on her covid treatment.

#### • Lack of social support-

All the respondents expressed that there was minimum interaction with the neighbours and relatives, thus could not divert their attention. Always were worried about the safe delivery and well-being of the foetus.

#### • Stress and anxiety-

The majority of women complained about restlessness and improper sleep due to stress and anxiety. Always kept worrying about the well-being of the foetus and prayed for safe delivery. Women said their partners and family members also experienced stress and anxiety because of them.

**Conclusion:** Covid-19 Pandemic exposed pregnant women to several challenges. These challenges caused several inconveniences to them and their family members. At times these women became very vulnerable and faced hardships to cope with the circumstances. It caused a lot of resentment, wherein they felt that health facilities did not treat them fairly. Many women experienced stress and anxiety throughout their pregnancy and were constantly looming under the fear of the wellbeing of the foetus. Considering the vulnerable conditions of such women's health facilities should have made prompt provisions to make them feel at ease. Engaging such women in counselling was an utmost need to relieve their stress and anxiety. These women felt completely neglected as several health facilities in the public sector and a few in the private sector were diverted towards covid care. The possibility of witnessing more epidemics and even pandemics in the near future cannot be ruled out, therefore the health facility should be geared and be prepared to provide all due attention and care to pregnant and lactating mothers. There should be regular



ensuring facilities for such women and their partners so that they remain undisturbed and psychologically strong even during uncertain circumstances. Antenatal check-ups could be held in facilities. Women in the third trimester could be given priority over the others. In cases of emergency, health facilities could arrange for home visits to provide essential check-ups and assistance to pregnant women. Such a measure would ensure stress-free pregnancy and the well-being of both the mother and the foetus. Intelligent and smart use of technology in the form of teleconsultations for such needed ANC visit could be adopted. Such measures need to be made a normal practice that can be implemented in the post-COVID era too. Even during uncertain circumstances health facilities should ensure that childbirth is a joyful and enriching experience.

#### References:

1. World Health Organization. WHO. WHO Director-General's Opening Remarks at the Media Briefing on COVID-19-11 March 2020. (2020). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020.
2. Nair, P. T., Radhakrishnan, S. D., Murugan, R. H., Sagili, H., Lakshminarayanan, S., Muruganandhan, P., Puliyullaveetil, A. T., & Rajaa, S. (2021). Impact of COVID-19 pandemic on postpartum contraception services in women delivering at a tertiary care centre in South India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 10(12), 4392. <https://doi.org/10.18203/2320-1770.ijrcog20214444>
3. Ravaldi, C., Wilson, A., Ricca, V., Homer, C., & Vannacci, A. (2021). Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy. *Women and Birth*, 14(4), 335–343. <https://doi.org/10.1016/j.wombi.2020.07.002>
4. Shrivastava, S., Rai, S., & Sivakami, M. (2021). Challenges for pregnant women seeking institutional care during the COVID-19 lockdown in India: A content analysis of online news reports. *Indian Journal of Medical Ethics*, VI(3), 1–24. <https://doi.org/10.20529/IJME.2021.004>
5. Singh, S., Nair, V. G., Singh, V. V., Tiwari, S., Arora, D., Dey, M., Tiwari, R., & Nair, S. V. (2021). Pregnancy-Specific Concerns and Psychological Impact of COVID-19 on Antenatal Women. *Gynecology Obstetrics & Reproductive Medicine*, 1–6. <https://doi.org/10.21613/gorm.2021.1172>
6. Ulaganeethi, R., Dorairajan, G., Ramaswamy, G., Thekkur, P., Olickal, J. J., Rajkumari, N., & Kumar Saya, G. (2021). "I was scared I will end up in another abortion": a mixed-methods study assessing the impact of COVID-19 pandemic and lockdown on the antenatal care of pregnant women in Puducherry, South India. *Family Practice*, 38, i23–i29. <https://doi.org/10.1093/fampra/cmab042>
7. Viaux, S., Maurice, P., Cohen, D., & Jouannic, J. M. (2020). Giving birth under lockdown during the COVID-19 epidemic. *Journal of Gynecology Obstetrics and Human Reproduction*, 49(6), 101785. <https://doi.org/10.1016/j.jogoh.2020.101785>
8. Hallad J.S., Ram U., Bhat B., Kalita D., Sivanandan V., Kumar D., P. M. R. and study collaborators. (2021). *Utilization of Maternal Health Care Services by Mothers during the First Wave of COVID-19 Pandemic* (24, Issue December). [www.iipsindia.ac.in](http://www.iipsindia.ac.in)
9. Aggarwal, R., Sharma, A. K., & Guleria, K. (2021). Antenatal care during the pandemic in India: the problem and the solutions. *International Journal of Pregnancy & Child Birth*, 7(1), 15–17. <https://doi.org/10.15406/ipcb.2021.07.00220>